

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4881BPR	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/12/2009
NAME OF PROVIDER OR SUPPLIER AKAMAI SENIOR OPTIONS		STREET ADDRESS, CITY, STATE, ZIP CODE 4024 PERFECT LURE STREET LAS VEGAS, NV 89129		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
K 000	Initial Comment Surveyor: 15417 This Statement of Deficiencies was generated as the result of a Complaint Investigation Survey conducted at your facility on August 12, 2009. The facility was licensed as a Business that Provides Referrals to Residential Facilities for Groups (BPR). There were no clients at the time of the survey. There was one complaint investigated. Complaint # NV00022793 was substantiated. The following deficiencies were cited.	K 000		
K 022 SS=D	NAC 449.27829 Responsibilities of Referral Agency 2. A referral agency shall not: (a) Accept any fee, inducement or incentive, for any reason, from a residential facility for groups or from any person or entity associated with a residential facility for groups. This Regulation is not met as evidenced by: Surveyor: 15417 Based on interview, the facility failed to ensure that fees were not accepted, for any reason, from a residential facility for groups or from any person or entity associated with a residential facility for groups. Findings include: On 8/12/09 at 2:07PM, the owner of the referral agency, stated that she was seeking payment from a group care provider, after referring a resident for admission to a Residential facility for	K 022		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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K 022	Continued From page 1 Groups. Severity: 2 Scope: 1	K 022			

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